



Montgomery County, Virginia

Application for Zoning Verification Letter

Please complete all fields.

You may return via fax, email, or in person to Montgomery County Planning & GIS Services

Applicant/Agent: _____ Phone: _____	
Mailing Address: _____	
Current Property Owner Name: _____	
Location of Property/911 Address: _____	
Tax Map#: _____ - _____ - _____ Parcel ID(6 digits): _____ Parcel Size: _____ acres	
Zoning District (if known): _____ Number of existing dwelling units: _____	
Are you replacing an existing dwelling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROPOSED CONSTRUCTION: (please select)	
Single Family Dwelling: (# Bedrooms _____)	Manufactured Dwelling: (# Bedrooms _____)
<input type="checkbox"/> Stickbuilt	<input type="checkbox"/> Class A (Doublewide, Triplewide, etc.)
<input type="checkbox"/> Modular	<input type="checkbox"/> Class B (Singlewide)
	Year of Construction: _____
<input type="checkbox"/> Addition: Size _____ sq.ft. Proposed use: (bath, den, etc.) _____	
<input type="checkbox"/> Accessory Structure Type: _____ Size: _____ sq.ft. Height: _____ ft.	
<input type="checkbox"/> Farm Structure Type: _____ Size: _____ sq.ft. Height: _____ ft.	
<input type="checkbox"/> Other Construction (Please describe): _____	
Please provide sketch of property, including proposed area of construction, distance to property lines, and location of driveways.	

CERTIFICATION: I hereby certify that the information given is correct. I further understand zoning verification will expire in twelve months.

Applicant's Signature _____

Date _____

755 Roanoke Street , Suite 2A , Christiansburg , VA 24073 Telephone: (540) 394-2148

Fax: (540) 381-8897

www.montgomerycountyva.gov

February 20, 2015